

**CLAIMS ONLY**

Application Number

10-764753

Filing Date

9:30 05

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2		/				
3		/				
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49						
50						
Total Indep.	1					
Total Depend.	17					
Total Claims	18					

\* May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.						
Total Depend.						
Total Claims						